MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08287

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cocomoke City — LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway #13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY (?)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jersey City
STREET ADDRESS (If rural, give location) 1 Nordus St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Frank | Henry | Ackerley | Aug | 10 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| M | W | Single | Aug 25 1926 | 22 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| U.S. Navy | Navy | Jersey City NJ | U.S.A. |

13. FATHER'S NAME (?)
14. MOTHER'S MAIDEN NAME (?)

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | 17. INFORMANT |
|---|---|---|
| yes | WWII 1st-16-9465 | U. S. Navy |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage of Lung & internal injuries — 10 minutes

812.5 / 170 E

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Struck by auto

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deceased was under influence of Alcohol

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Highway 13 | 4 miles | Worcester | Md |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from, natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Dr W. E. Bytonius | Dep. Med. Exam | Pocomoke City Md | 8/10/49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Removal | 8/10/1949 | Navy Hospital | Portsmouth | Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug. 10, 1949 | Anne E. White | Howard A. Gill. | Pocomoke City. Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08288

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Worcester, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md COUNTY: Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville.
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): (First) William (Middle) Frank (Last) Baker.

**4. DATE OF DEATH**: (Month) Aug. (Day) 21 (Year) 1949

**5. SEX**: male

**6. COLOR OR RACE**: white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): married

**8. DATE OF BIRTH**: Aug. 5, 1862

**9. AGE last birthday**: 87 yrs. If under 1 year: Months. 0 Days 16 If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): farmer.

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Berlin Md R F D

**12. CITIZEN OF WHAT COUNTRY?**:

**13. FATHER'S NAME**: Robert J. Baker.

**14. MOTHER'S MAIDEN NAME**: Nancy E. Hudson.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No. (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT AND ADDRESS**: Mr. Robert Baker Berlin Md R1

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — Interval between onset and death: 2 years

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**: none

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT — SUICIDE — HOMICIDE —** (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from 1947, 19..., to Day of death, 19..., that I last saw the deceased alive on 8-21-49, 19..., and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank A Lewis M.D. ADDRESS: Pollards Maryland DATE SIGNED:

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial DATE: 8/28/49 NAME OF CEMETERY OR CREMATORY: Buckingham LOCATION (City, town, or county): Berlin (State): Md

DATE REC'D BY LOCAL REG.: 8-29-49 REGISTRAR'S SIGNATURE: Helen F Hayward

**24. FUNERAL DIRECTOR**: Burman A Benbow ADDRESS: Berlin Md

RECEIVED
AUG 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08289

Reg. Dist. No. 354

1. PLACE OF DEATH COUNTY Worcester Co. Stockton Md MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pres | LENGTH OF STAY (in this place) left

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Rural

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Freemore (Middle) Nathaniel (Last) Ballard

4. DATE OF DEATH (Month) Aug (Day) 16 (Year) 1949

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH March 19, 1949 | 9. AGE last birthday yrs. | If under 1 year Months 4 Days 28 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓ | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | 11. BIRTHPLACE (State or foreign country) Horntown, Va | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Artie Ballard | 14. MOTHER'S MAIDEN NAME Elizabeth Wallop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓ | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT Artie Ballard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Illeo-Colitis | 3 weeks

571.0 Antecedent cause(s)

119a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15 1949, to Aug 16, 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE C. Elitcher (Degree or title) ADDRESS Free Check Co. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Aug. 17, 1949 | NAME OF CEMETERY OR CREMATORY Old Saint Paul Cemetery | LOCATION (City, town, or county) Stockton (State) Md

DATE REC'D BY LOCAL REG. Aug. 17, 1949 | REGISTRAR'S SIGNATURE Mary M. Taylor | 24. FUNERAL DIRECTOR Irine Annett ADDRESS Stockton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1949
BUREAU V. S.

08290

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH COUNTY: Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin Rural #3
LENGTH OF STAY (in this place): 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin Rural #3
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Blake
4. DATE OF DEATH (Month) Aug. (Day) 13 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 2 - 1933
9. AGE last birthday: 16/7/11 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Newark, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Earl S. Blake
14. MOTHER'S MAIDEN NAME: Ofie Richard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Earl S. Blake (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage — 5 min.

Antecedent cause(s) (b) Pulmonary Tuberculosis — 1½ yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia, cachexia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 13 Aug, 1949, that I last saw the deceased alive on 15 July, 1949, and that death occurred at 5 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Herman A. Rabbins M.D. 5 Bay St Berlin, Md 16 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug. 17/49
NAME OF CEMETERY OR CREMATORY: Mt Wesley
LOCATION (City, town, or county): Snow Hill (State) Md

DATE REC'D BY LOCAL REG.: 8-16-49
REGISTRAR'S SIGNATURE: Helen G. Hayward
24. FUNERAL DIRECTOR: Clay E. Tennis Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08291

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin R.F.D.
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilmington Del
STREET ADDRESS (If rural, give location) 617 French Street

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Howard (Last) Fort
4. DATE OF DEATH (Month) Aug (Day) 20 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug. 27, 1881
9. AGE last birthday 67 yrs. If under 1 year Months 11 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Marine
11. BIRTHPLACE (State or foreign country) New Jersey.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas E. Fort.
14. MOTHER'S MAIDEN NAME Martha Covert.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Etta Phelps 673 Franklin St. Trenton, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) | |
| 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary Artery Disease | Minutes |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unimportant

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Ocean Downs Racewaay - Berlin, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Natural Causes m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Natural Causes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) B. Waesche M.D. (DME) ADDRESS Snow Hill, Md DATE SIGNED 8/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/25/49
NAME OF CEMETERY OR CREMATORY Riverview
LOCATION (City, town, or county) (State) Wilmington Del.
DATE REC'D BY LOCAL REG. 8-24-49
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08292

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Worcester MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City — LENGTH OF STAY (in this place) 7 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, Westover |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Sixth Street | STREET ADDRESS (If rural, give location) Cottage Grove Section |

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) JOHN (Last) HOOKS

4. DATE OF DEATH: (Month) Aug. (Day) 29, (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Married | Mar, 25, 1866 | 83 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farming | Truck Farms | Renesselar, Indiana | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Parents unknown | Parents unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| No | None | Mrs. Ruth Graefe |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Uremia Hypostatic Pneumonia | 1 week |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Int nephritis Chron myocarditis | Yes |
| | (c) Coronaria of Cristate | 2 Years |

177
51 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | None | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
|---|---|---|
| no | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Aug 29, 1949, that I last saw the deceased alive on Aug 28, 1949, and that death occurred at 11:56 A.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Gregg C. Coulburn MD | Marion Sta Md | |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | Sept. 1, 1949 | Holly Grove Cemetery | RURAL, Westover, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| Sept. 1, 1949 | Anne E. White | Bradshaw Funeral Parlors, CRISFIELD. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08293

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke | LENGTH OF STAY (in this place) two Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) MAE (Middle) F (Last) McBRIDE

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH (Month, Day, and Year) Unknown | 9. AGE last birthday: 40 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Florida | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT: James McBride

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5 days.

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Extreme Hypertension — Several Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15 19 49, to Aug 6, 19 49, that I last saw the deceased alive on Aug 4, 19 49, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David G. Llewelyn M.D. Pocomoke Md 8/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Aug 11-1949 | NAME OF CEMETERY OR CREMATORY Greenville M.E. Cemetery | LOCATION (City, town, or county) Rural Pocomoke, Worcester | (State) Md

DATE REC'D BY LOCAL REG. Aug 12, 1949 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR Henry R. Watson | ADDRESS Pocomoke Md.

VS. A15

RECEIVED
AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08294

# CERTIFICATE OF DEATH

Reg. Dist. No. 354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton #1; MARYLAND; LENGTH OF STAY (in this place) 67 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Rural #1; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Thomas (Last) Merritt

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 20 1882

9. AGE last birthday: 67 yrs. 4 mos. 23 days; If under 1 year: Months; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Employed Bay

11. BIRTHPLACE (State or foreign country): Stockton

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Merritt

14. MOTHER'S MAIDEN NAME: Susan Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Stella D. Merritt (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420,1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 4 hours

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11, 1949, to Aug 12, 1949, that I last saw the deceased alive on Aug. 12, 1949, and that death occurred at 2:40 A m., from the causes and on the date stated above.

SIGNATURE: Charles W Trader (Degree or title) MD ADDRESS: Pocomoke City, Md DATE SIGNED: Aug 12, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug. 14/49 | NAME OF CEMETERY OR CREMATORY: Rooks Chapel | LOCATION (City, town, or county): Stockton (State): Md

DATE REC'D BY LOCAL REG.: Aug. 13. 1949 | REGISTRAR'S SIGNATURE: Mary M. Taylor.

24. FUNERAL DIRECTOR: Elay E. Timmons | ADDRESS: Snowhill, Md

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AUG 17 1949
BUREAU V. S.

Evidence for addition of 2,3,7,8,9,10a,11,13,14, 17 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 122 OCT 10 1949

Reg. Dist. No. 350

018295

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Near Berlin; STATE: MARYLAND; LENGTH OF STAY (In this place): Born & died; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Holmake

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia; COUNTY: Accomack; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): D.K. Chincoteague Va; STREET ADDRESS (If rural, give location): D.K. None

3. NAME OF DECEASED (Type or Print): (First) Emory (Middle) Fletcher (Last) Phipps

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 19 49

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): D.K. Divorced

8. DATE OF BIRTH: Month D.K. 18, 1889

9. AGE Last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Mason D.K.

10b. KIND OF BUSINESS OR INDUSTRY: D.K.

11. BIRTHPLACE (State or foreign country): D.K. Chincoteague, Va.

12. CITIZEN OF WHAT COUNTRY? D.K.

13. FATHER'S NAME: Emory D.K. W. Phipps

14. MOTHER'S MAIDEN NAME: Lillie Jane D.K. Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): D.K. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: D.K.

17. INFORMANT: Lula Phipps Wife Chincoteague Va.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

802.8 **Immediate cause** (a) Traumatic Injuries — Head Injury Fractured Skull, Fractured Body, Multiple Fractures, Lacerations

169 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Struck by a Train.

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Walking railroad bed.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Railroad tracks (CITY OR TOWN): near Bayview (COUNTY): Worcester (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 27 1949 2:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Accidental Struck by train while walking railroad bed

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr. H. E. Adkins (Degree or title): Deputy Medical Examiner ADDRESS: Pocomoke City Md DATE SIGNED: 9/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/1/1949 | NAME OF CEMETERY OR CREMATORY: Worcester Co. Cemetery | LOCATION (City, town, or county): Snow Hill | (State): Md

DATE REC'D BY LOCAL REG.: Sept. 1, 1949 | REGISTRAR'S SIGNATURE: Anne E. White | 24. FUNERAL DIRECTOR: Howard A. Gill | ADDRESS: Pocomoke City, Md

VS. A15A

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SEP 9 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08296

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin — LENGTH OF STAY (in this place): about 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: No

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): Route # 3 Box 159

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Robinson
4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: A A
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: about 1888
9. AGE last birthday: about 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John Taylor
14. MOTHER'S MAIDEN NAME: Martha Rumsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: no
17. INFORMANT: William E. Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Atherosclerotic Heart Disease with decompensation, pulmonary edema — 2 yrs.

55 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic, carcinomatous, (c) Pulmonary disease from intra abdomen Ca — 4 mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia res. & above. — 2 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 9 Aug, 1949, that I last saw the deceased alive on 9 Aug, 1949, and that death occurred at 8 30 p.m., from the causes and on the date stated above.

SIGNATURE: Hermann L. Robbins M.D. (Degree or title) — ADDRESS: 5 Bay St Berlin, Md — DATE SIGNED: 11 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-13-49 — NAME OF CEMETERY OR CREMATORY: Germantown — LOCATION (City, town, or county): Berlin (State): Md.

DATE REC'D BY LOCAL REG.: 8-13-49 — REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: James F. Stewart, 402 E. Church St Salisbury, Md. — ADDRESS

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AUG 16 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

08297

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taylorsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Bay St.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) J (Last) Truitt
4. DATE OF DEATH (Month) Aug (Day) 31 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 2, 1928
9. AGE last birthday 21 yrs. If under 1 year: Months 2 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Training stables
11. BIRTHPLACE (State or foreign country) Willards Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Richard Truitt
14. MOTHER'S MAIDEN NAME Mildred V. Bradford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-24-2706
17. INFORMANT Mrs. R. J. Truitt Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Hemorrhage of Lungs & brain | 20 minutes |
| 812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Compression of chest & fracture of skull etc. | |
| 170c | (c) Automobile accident | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Flagman on Road Construction work

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 50
(CITY OR TOWN) 1/4 mile J. Taylorsville (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Deceased was hit by auto that was hit by Construct. Heavy truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Gastorius (Degree or title) Med Exam. Dep. ADDRESS Pocomoke City, Md DATE SIGNED 8/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/2/49
NAME OF CEMETERY OR CREMATORY New Hope
LOCATION (City, town, or county) Willards (State) Md

DATE REC'D BY LOCAL REG. 9-1-49
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08298

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; LENGTH OF STAY (in this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural give location) Cedar

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Eugene | M | Tull | August 9 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | March 27, 1873 | 76 yrs. | 4 | 12 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farming | Farmer | New Church, Va | U. S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Benjamin F. Tull | Letlessie Smith |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no ✓ | ✓ | Mrs. Minnie J. Tull |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Hemiplegia | 1 week |
| 334 Antecedent cause(s) | | |
| 83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Hypertension | 9 yrs |
| (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 1944, 19..., to Aug 9, 1949, that I last saw the deceased alive on Aug 9, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| H. E. Fortoms Md. | Pocomoke City Md | 8/10/49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Aug 11, 1949 | Nelson | Pocomoke, Md Rural |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug. 12, 1949 | Anne E. White | Henry H. Watson | Pocomoke |

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 351

08299

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark; LENGTH OF STAY (in this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Dale (Middle) H. (Last) Nett

4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 7-1892

9. AGE last birthday: 56-9-2 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Henry Nett

14. MOTHER'S MAIDEN NAME: Rosa B. Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Essie M. Nett (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 Immediate cause (a) Chr. Nephritis & Chr. Myocarditis

Antecedent cause(s)

131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Brain Tumor — Interval Between Onset and Death: 8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Aug, 1949, that I last saw the deceased alive on Aug 4, 1949, and that death occurred at 4P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. R. Parr MD | ADDRESS: Berlin Md | DATE SIGNED: Aug 10-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug. 11/49 | NAME OF CEMETERY OR CREMATORY: Bowen | LOCATION (City, town, or county): Newark | (State): Md

DATE REC'D BY LOCAL REG. 8/11/49 | REGISTRAR'S SIGNATURE: LeRoy Smith

24. FUNERAL DIRECTOR: Clay E. Timmis | ADDRESS: Snow Hill, Md

VS. A15

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